## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/756097

		CLAIMS AS	(Column			mn 2)	SMALL EI	NTITY	OR	OTHER SMALL	
ТО	TAL CLAIMS		28				RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE' CLAIMS			30 minus 20=		. 10		X\$ 9=	90.00	OR	·X\$18=	
INDEPENDENT CLAIMS			/ / minus 3 =		· 8		X40=	320.00	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	135,00	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	
	CI	AIMS AS A	MENDED	MENDED - PART II						OTHER THAN	
		(Column 1)		(Colui		(Column 3)	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F.OLAINA	=	X40=		OR	X80=	310.00
4 00	EIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		+135=	Constitution of the same	ÖŘ	" <b>∓</b> 270=	**************************************
			٠				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	e Peri
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT: 1 CE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	*
	Independent	TATION OF M	Minus	***	CL AIM	=	X40=	\$1.5	OR	~X80=	
	FIRST PRESE	NIATION OF M	ULTIPLE DEF	PENDEN	CLAIIVI		+135=		OR	+270=	<b>)</b>
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	. 1
	į	(Column 1)	No		mn 2)	(Column 3)		t <sub>i</sub>			ميني مالي . ا
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=	さいがまなな)	ÖŘ	³•X\$18≐	min a Asset Min
	Independent	*	Minus	***		=	X40=	S. Jack	OR	<b></b>	45 4554
	FIRST PRESE	NTATION OF M	ULTIPLE DE	T CLAIN					Suggister sector	TOPING HOLDER ME	
	If the entry in colu	mn 1 is less than t	the entry in col	ımn 2 wri	te "0" in α	olumn 3.	+135= TOTAL		OR	+270=	- Color Harris
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number.									OR	ADDIT. FEE	

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 1/23/02 2 Serial/Patent # 09/756097									
3 Please refund the following fee	4 PAPER 5 DATE NUMBER FILED		6 AMOUNT						
Filing			\$						
Amendment			\$ 0						
Extension of Time			\$						
Notice of Appeal/Appeal	VAILABL	FCOPY	\$						
Petition			\$						
Issue	Issue								
Cert of Correction/Terminal			\$						
Maintenance			\$						
Assignment			\$						
Other				\$ /30:00					
	7 TOTAL AMOUNT OF REFUND \$ 30.66								
	8 TO BE REFUNDED BY:								
10 REASON:	Treasury Check								
Overpayment	Credit Deposit A/C #:								
Duplicate Payment	902-4377								
No Fee Due (Explanation):									
Detition fee for Draw	ving 5								
Usnnecessary Had all drawing of begining Cast									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: / plone: 308-898									
SIGNATURE: PHONE: 308-8588									
OFFICE: ( )									
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED:	DATE:								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)